Section III – Disability Benefits

A. When You Are Eligible for Disability Benefits

B. Your Disability Benefits
   • The Disability Intervention Program

C. Filing Your Disability Claim

D. When You Are on Workers’ Compensation Leave
WHERE TO CALL

Member Services Department
(646) 473-9200

Call Member Services to:
• Request a **Disability Claim Form** or **Accident Report Form**;
• Notify the Benefit Fund when you return to work;
• Receive advice on benefits available from other sources if your disability lasts longer than 26 weeks; or
• Receive help with filing Workers’ Compensation claims with your Employer’s insurer.

You can also visit our website at [www.1199SEIUBenefits.org](http://www.1199SEIUBenefits.org).

REMINDERS

For accidents/injuries or illnesses that are not work-related:
• Disability Benefits are available only when your accident/injury or illness is not work-related.
• File your claim **within 30 days** of your accident/injury or the start of your illness. Be evaluated or have your doctor submit medical updates when requested by the Benefit Fund; otherwise your benefits could be reduced or denied.

• Call the Benefit Fund when you return to work.

If you are injured on the job:
• Report an accident/injury or work-related incident to your Employer immediately.
• File a Disability claim when you are out on Workers’ Compensation leave to protect your benefits from the Benefit Fund.
• Call the Benefit Fund if you need help in filing a claim for Workers’ Compensation from your Employer’s insurer.
• Call the Benefit Fund if your Workers’ Compensation claim is disputed or denied.
SECTION III. A
WHEN YOU ARE ELIGIBLE FOR DISABILITY BENEFITS

STATUTORY DISABILITY BENEFITS
THROUGH YOUR STATE

Before you become eligible to enroll in the Benefit Fund under your Collective Bargaining Agreement, you may be eligible to receive statutory Disability Benefits from the Benefit Fund if you are unable to work due to an illness or injury based upon the state maximum and other provisions of your state's disability plan as follows:

• For members working in New York State who have been employed for more than four consecutive weeks but less than 90 days;
• For members employed by New Jersey Employers and working in New Jersey who have been employed for more than four consecutive weeks; and
• For claims incurred during the 30 days after you stop working.

If you are employed less than four consecutive weeks, no statutory Disability Benefits are provided.

NOTE: Health Benefits are not provided or extended while a member is receiving statutory Disability Benefits from the Benefit Fund.

WHEN YOUR BENEFITS BEGIN

Once you are enrolled in the Benefit Fund, you may receive Disability Benefits when you are unable to work because of an accident/injury or illness that is not related to your job.

Your spouse and children are not eligible for this benefit.

When your benefits begin is determined by:

• Whether you have an accident/injury or an illness; and
• When you were first examined by a doctor for that accident/injury or illness.

If someone else is responsible for your illness or injury, see Section I.G. Read this important information on special Benefit Fund requirements for you to receive benefits.

NOTE: You cannot receive Disability Benefits for any period in which you receive any other compensation, such as pension (except for active members age 70.5 or older, who are receiving a Pension Benefit), payments from the Social Security Administration as a result of a Disability Award, sick leave or wages from any other Employer.
If You Have an Accident/Injury
Your Disability Benefits start:

• From the day of your accident/injury, if you are examined by a doctor within eight days of the date of your accident/injury; or

• From the day you were first examined by a doctor, if it was not within the first eight days of the date of your accident/injury.

If You Have an Illness
Your Disability Benefits start:

• On the eighth day after your illness started, if you are examined by a doctor within eight days of the date you became ill; or

• From the day you were first examined by a doctor, if it was more than eight days after the date you became ill.

If You Are Pregnant
You are eligible for the same benefits provided for other temporary physical disabilities if you can’t work because you’re pregnant, having your baby or have a related condition.

To receive Disability Benefits, your doctor must state that you are medically unable to work.

Before you stop working, call the Benefit Fund’s Disability Department at (646) 473-9200 to make sure you’re eligible for benefits.

WORK-RELATED ACCIDENT/INJURY OR ILLNESS
If your illness or accident/injury is work-related, you are covered by your Employer’s Workers’ Compensation insurance. However, you must still contact the Benefit Fund to protect your benefits. See Section III.D for more information.
BENEFIT BRIEF

Benefit Fund Disability Benefits (partial salary replacement)

- Amount is based on your Average Weekly Earnings
- Maximum weekly benefit of $385
- How long you can receive benefits is based on your medical condition, up to a maximum of 26 weeks within a 52-week period
- Your Benefit Fund coverage for all other benefits may continue for up to a maximum of 26 weeks within a 52-week period while you are receiving Benefit Fund Disability Benefits

Covered only for accidents/injuries or illnesses that are not work-related.

Wage Class I: Member Only
Wage Class II: Member Only

After you are eligible for benefits from the Fund (usually after 90 days), your Benefit Fund Disability Benefit is based on your Average Weekly Earnings during the eight weeks immediately before your accident/injury or illness, as described in the chart below.

To calculate your weekly Benefit Fund Disability Benefit:

1. Add together the wages you earned for the last eight weeks you worked before your disability; and
2. Divide by 8 to determine your Average Weekly Earnings for that eight-week period.

Look at the chart on this page to determine your weekly benefit.

**NOTE:** Members of New Jersey Employers working in New Jersey will receive weekly Disability Benefits based upon the chart below or the New Jersey rate schedule, whichever is greater.

<table>
<thead>
<tr>
<th>Average Weekly Earnings</th>
<th>Weekly Disability Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $338</td>
<td>2/3 of Average Weekly Earnings</td>
</tr>
<tr>
<td>$338.00 – $449.99</td>
<td>$225</td>
</tr>
<tr>
<td>$450.00 – $599.99</td>
<td>$245</td>
</tr>
<tr>
<td>$600.00 – $749.99</td>
<td>$280</td>
</tr>
<tr>
<td>$750.00 – $899.99</td>
<td>$310</td>
</tr>
<tr>
<td>$900.00 – $1049.99</td>
<td>$340</td>
</tr>
<tr>
<td>$1050.00 – $1199.99</td>
<td>$375</td>
</tr>
<tr>
<td>More than $1200</td>
<td>$385 (maximum weekly benefit)</td>
</tr>
</tbody>
</table>
DISABILITY INTERVENTION PROGRAM
For long-term illnesses, the Benefit Fund may ask that you be evaluated periodically by an independent doctor selected by the Benefit Fund at no cost to you. You will be notified by the Benefit Fund if an evaluation is required. Your benefits may be denied or reduced if you do not have these evaluations when requested by the Benefit Fund.

IMPORTANT TAX NOTE
The Benefit Fund is required by law to deduct your share of FICA taxes (Social Security and Medicare) from your disability payments. Disability payments are considered taxable earnings. They will be included in the W-2 tax form that you’ll receive from your Employer after the end of the year. Contact the Benefit Fund if you want federal and/or state tax withheld.
SECTION III. C
FILING YOUR DISABILITY CLAIM

You must fill out a **Disability Claim Form** and send it to the Benefit Fund within **30 days** of your accident/injury or the start of your illness.

1. Call the Benefit Fund’s Member Services Department at (646) 473-9200 or visit our website at [www.1199SEIUBenefits.org](http://www.1199SEIUBenefits.org) to get a Disability Claim Form.

2. Complete Part A as soon as you receive the Disability Claim Form.

3. Have your doctor fill out Part B.

4. Send Parts A and B to the Benefit Fund so we can update your records and begin processing your claim.

5. Send Part C to your Employer so it can provide the Benefit Fund with information on your earnings.

**WORK-RELATED ACCIDENT/INJURY OR ILLNESS**

If your illness or accident/injury is work-related, you are covered by your Employer’s Workers’ Compensation insurance. However, you must still contact the Benefit Fund to protect your benefits. See Section III.D for more information.

**PROTECT YOUR DISABILITY AND HEALTH BENEFITS**

While you are receiving Benefit Fund Disability Benefits, you and your family are still eligible for the same Benefit Fund coverage you had before your disability. This coverage continues for a maximum of 26 weeks within a 52-week period.

It is important that the Benefit Fund receive your Disability Claim Form within **30 days** of your illness or accident/injury. Otherwise, you may jeopardize your Disability Benefit as well as your Health Benefits.

Here’s why: The Benefit Fund determines your eligibility for benefits based on wage reports it receives from your Employer.

If you haven’t received any wages, then your coverage may be suspended because the Benefit Fund does not know that you are out on Disability leave.
CALL THE BENEFIT FUND

When You Return to Work

You must let the Benefit Fund know when you go back to work after being on Disability leave. This way, the Benefit Fund can update its records and determine your eligibility for benefits.

If Your Disability Continues

If your disability continues beyond the maximum 26-week period, your coverage through the Benefit Fund will stop immediately. (See COBRA continuation coverage, Section I.K.)

However, you may be eligible for other benefits provided by governmental agencies. Call the Benefit Fund at (646) 473-9200 for more information and advice on how to file a claim for this aid.
SECTION III. D
WHEN YOU ARE ON WORKERS’ COMPENSATION LEAVE

If you are injured at work or suffer from a work-related illness, you are covered by Workers’ Compensation, which is provided by your Employer. This includes coverage for healthcare costs, loss of wages and lump sum payments for permanent injuries.

In some cases, payments may be higher and for longer periods of time than are provided by the Benefit Fund.

NOTE: You must file a Workers’ Compensation claim with your Employer. Otherwise, you will jeopardize your rights to Workers’ Compensation and your benefits from the Benefit Fund for yourself and your family.

WHAT WORKERS’ COMPENSATION COVERS

You are covered for Workers’ Compensation when you have an accident/injury or illness as a result of your job which:

- Prevents you from working;
- Causes a permanent defect, whether or not you lose time from work; and
- Requires you to seek medical attention or treatment.

Workers’ Compensation Benefits include:

- Payment for lost wages (if you are unable to work for more than seven days);
- Lump sum payments or other awards for permanent injuries;
- Medical expenses;
- Coverage for drugs and appliances; and
- Carfare to and from the doctor’s office or hospital.

NOTE: Lost wages may be paid from the first day if you are unable to work for 14 or more days.

A Workers’ Compensation claim must be filed within two years of the date of the accident/injury or incident to protect your rights to Workers’ Compensation Benefits.
WHAT THE BENEFIT FUND COVERS

In most cases, the Benefit Fund will not cover any healthcare costs due to a work-related illness or accident/injury. However, the Benefit Fund will:

- Continue to cover you and your family for benefits not associated with your work-related accident/injury or illness while you are receiving Workers’ Compensation Benefits, up to a maximum of 26 weeks within a 52-week period.
- Advance Disability Benefits while your claim is disputed (controverted) and pending before the Workers’ Compensation Board.
  » If you receive Workers’ Compensation Benefits for any period in which the Benefit Fund has advanced you Disability Benefits, you must repay the Benefit Fund from those benefits.
- Pay you the difference in Disability Benefits if the amount paid by Workers’ Compensation is less than the Disability Benefit you would have received from the Benefit Fund if your disability had not been work-related.

If you can’t go back to work after 26 weeks, your coverage through the Benefit Fund will end. However, you may be eligible to receive certain benefits under COBRA continuation coverage (see Section I.K).

PROTECTING YOUR BENEFITS

File Claims with BOTH Workers’ Compensation and the Benefit Fund

1. Report your accident/injury or work-related incident to your Employer immediately.
2. Get a Workers’ Compensation Incident Form from your Employer and file a Workers’ Compensation claim.
3. Ask your Union Delegate or call the Benefit Fund’s Member Services Department at (646) 473-9200 to get a Benefit Fund Disability Claim Form.
4. Complete the Benefit Fund’s Disability Claim Form and send it to the Benefit Fund’s Disability Department within 30 days of the date of the accident/injury or onset of the illness to continue receiving benefits for care not associated with your work-related accident/injury or illness. Include copies of all correspondence you have received including any electronic communications you receive from Workers’ Compensation, which indicates that your benefits have begun. This electronic communication may be a First Report of Injury (FROI) Form.
  » Here’s why: The Benefit Fund determines your eligibility for benefits based on wage reports it receives from your Employer. If you haven’t received any wages, then your
coverage may be suspended because the Benefit Fund does not know that you are on Workers’ Compensation.

5. Continue to send copies of any correspondence (including electronic communications) you receive in connection with your Workers’ Compensation claim to the Benefit Fund’s Disability Department. This includes a Supplementary Report of Injury (SROI) Form, which indicates that your benefits have been stopped or modified. This will help the Benefit Fund keep up to date on the status of your Workers’ Compensation claim.

6. If your Workers’ Compensation claim is denied or disputed, notify the Benefit Fund immediately at (646) 473-9200.

Within 18 days after your claim is filed, your Employer’s insurance company must, by law, either:

- Send you a check; or
- Notify you that your claim is being questioned or contested.

Call the Benefit Fund at (646) 473-9200 if:

- You do not hear from the insurance company within 21 days;
- You are called for an examination or hearing;
- Your claim is rejected or disputed;
- You need help filing your claim; or
- You need a referral to a qualified attorney.